

Pride in Parenting Substance Abuse Form

Today's Date: _____ Date Mother Enrolled: _____
 month day year month day
 year

THIS FORM IS TO BE COMPLETED BY THE FAMILY RESEARCH SPECIALIST AFTER THE COMPLETION OF THE INITIAL INTERVIEW. THE INFORMATION IS TO BE ABSTRACTED FROM THE MOTHER'S AND INFANT'S MEDICAL CHARTS.

1. How was the mother's drug abuse during this pregnancy identified?
(MARK ALL THAT APPLY)
- | | |
|--|---|
| Mother self-report to physician | 1 |
| Mother reported during baseline interview | 2 |
| Mother had a positive drug urine tox during pregnancy | 3 |
| Mother had a positive drug urine tox at delivery | 4 |
| Infant had a positive drug urine tox | 5 |
| Physician noted in mother's records, no indication of source | 6 |
| Physician noted in infant's records, no indication of source | 7 |
| Other (SPECIFY)_____.. | 8 |
- 2a. Does the mother's or infant's records indicate the type(s) of drugs the mother used during her pregnancy?
- | | |
|---------------|---|
| Yes | 1 |
| No | 2 |
- 2b. If YES, specify the type(s) of drugs used.

Family Resource Specialist: _____ (please initial)

Date: _____

Signature of Project Coordinator: _____

Date: _____